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Country programme recommendation**

Bolivia

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2002 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Bolivia for the period 2003 to 2007 in the amount of $5,474,000 from regular resources, subject to the availability of funds, and $25,500,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2002/11.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2002/P/L.36).

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The situation of children and women

1. The analysis of the situation of children and women remains essentially as described in the country note submitted to the Executive Board at its first regular session of 2002 (E/ICEF/2002/P/L.8). Since then, preliminary data from the National Census of 2001 have become available, showing an annual population growth rate of 2.7 per cent since 1992, a decrease in the infant mortality rate to 60 per 1,000 live births (consistent with previous estimates based on survey data) and an increase in the urban population to 62 per cent of the total population, up from 58 per cent in 1992. This relatively small increase shows the enduring strength of rural communities, although 91 per cent of rural inhabitants live in poverty, compared to 31 per cent of urban residents. The overall poverty rate decreased from 71 per cent in 1992 to 59 per cent in 2001, which is lower than the 63 per cent estimated in the Bolivian Poverty Reduction Strategy (PRS).

Programme cooperation, 1998-2002

2. Despite some difficulties, the programme was effective in improving the situation of Bolivian children and women and contributed to institutional and legislative progress towards fulfilment of their rights. At the subnational level, capacity-building and innovative experiences in the delivery of basic services contributed to strengthened local capacities. Some constraints resulted from an overly ambitious programme concept based on a cross-sectoral matrix structure which ultimately became too complex and dispersed. As a result, some programme areas evolved quite independently from government policies, which weakened coordination with and ownership by sectoral ministries. This was aggravated by multiple changes in the leadership of the UNICEF office since 1999. The mid-term review (MTR) helped to overcome these problems and set the basis for a new form of collaboration with the Government and other partners.

3. The public policy programme helped to promulgate and implement the Code for Children and Adolescents through advocacy, legal assistance, dissemination and training of those responsible for its enforcement. Within this legal framework, UNICEF assisted in preparing the National Plan for the Progressive Eradication of Child Labour and supported implementation of the Municipal Defence Centres for Children, currently operating in 189 of the country's 314 municipalities. In a collaborative effort between government and development partners, UNICEF contributed to the design of the PRS and participated in the National Dialogue 2000, which improved governance and put an end to a period of social unrest. More recently, UNICEF fostered the creation of the Bolivian Alliance for Children and Adolescents, which mobilized thousands of children and youth through participatory workshops on child rights. Two representatives of the Alliance participated in the Children's Forum of the General Assembly Special Session on Children.

4. Following intense advocacy and technical assistance, legislation to ensure universal access to birth registration has been passed. From 2002 onwards, the State mandates free birth certification to all new-borns and with support from international cooperation, campaigns are set to deliver birth certificates to the over 500,000 children who currently do not have them. The UNICEF-supported Multiple Indicator Cluster Survey (MICS) helped to assess progress towards the goals of the World Summit for Children and provided updated information for social planning.

Constraints faced by the programme included the absence of a coherent national body for the protection and promotion of child rights, the lack of a central information system on children at risk, and the technical and financial weakness of some public offices responsible for children, women and indigenous groups' rights.

5. The municipal and family development programme emphasized capacity-building, community empowerment and provision of basic services through annual action plans and community-based initiatives in over 130 of the poorest municipalities. UNICEF assistance helped municipal governments to plan and use the new resources made available by the national decentralization process, giving priority to social services that meet the needs of local communities.

6. Within the health component of the programme, the Ministry of Health and partners including UNICEF and the Pan American Health Organization (PAHO)/World Health Organization (WHO) implemented the Basic Health Insurance scheme, which has removed cost barriers to maternal and child health care services. The scheme has resulted in the reduction of infant and child mortality rates, a doubling of the rate of skilled attendance at birth and high levels of immunization and vitamin A supplementation. In March 2002, UNICEF concluded 10 years of intensive support to rural health districts in Potosí and Chuquisaca departments, which now score highest in the ranking of health indicators. Counterpart funds from the Government of Canada financed a successful malaria control programme in the Amazon region. Health promotion activities included dissemination of Facts for Life in 157 municipalities through a massive interpersonal communication programme implemented by health promoters and auxiliary nurses. With support from UNICEF and the United States Agency for International Development (USAID), every recruit of the Bolivian Armed Forces now undergoes an intensive 15-day training course in health education using a special edition of Facts for Life and other materials. Major constraints included discrimination, cultural barriers and quality problems that affected users' confidence and depressed utilization of health services, especially by rural and indigenous peoples. Little progress was seen in maternal and child nutrition, with persistently high rates of stunting. The level of consumption of iodized salt has fallen to 65 per cent, despite the achievement of universal salt iodization in 1996.

7. Under the education component, over 6,000 teachers were trained to produce bilingual texts in Spanish and native languages. UNICEF supported the Ministry of Education in organizing bilingual educational fairs to promote the education reform, which provided an opportunity for exchanges between children from urban and rural schools. Non-formal education helped to promote women's participation, self-esteem and social standing in the poorest areas of Chuquisaca, Cochabamba and Potosí. Almost 50,000 people (over 60 per cent of them women) became literate within a new National Plan for Literacy. Advocacy for early childhood development (ECD) was increased with government bodies and the Office of the First Lady to raise its profile in the country's social agenda. However, coverage of formal early childhood education remains very low at 7 per cent. The project's constraints included the absence of a national adult education policy, a lack of systematic information on good practices in literacy projects, insufficient resource materials for teaching Spanish as a second language and incomplete cultural adaptations of educational services.

8. The Bolivian components of the multi-country Proandes and Amazon subregional programmes were implemented in 26 rural Andean municipalities and 24 municipalities in the Amazon and Chaco regions, which are among the poorest in Bolivia. Within Proandes, UNICEF and the Swedish International Development Authority (SIDA) implemented a large rural water supply project (over 300 systems), based on a low-cost standard model built and maintained with strong community participation. On a more limited scale, the programme addressed rural sanitation through the development of an innovative and well-accepted model of an "ecologic latrine". Other activities in Andean communities included community banks, and support for ECD through community centres (Wawa-Wasis) and training of parents. In the Amazon areas, activities included support for capacity-building of indigenous organizations, training of female leaders and promotion of measures for environmental protection and to prevent and respond to natural disasters. Constraints included weak monitoring and a weak communication strategy in the Andean area, and problems of access in the Amazon.

Lessons learned from past cooperation

9. The lessons learned as detailed in the country note remain valid.

Recommended programme cooperation, 2003-2007

Regular resources: $5,474,000
Other resources: $30,974,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	1 224	10 000	11 224
Education for all	1 000	8 500	9 500
Protection and participation of children and adolescents	1 000	7 000	8 000
Cross-sectoral costs, monitoring and evaluation	2 250	-	2 250
Total	**5 474**	**25 500**	**30 974**
Integrated local development:			
Proandes[b]	-	12 000	12 000
Amazon[b]	-	7 000	7 000

[a] The breakdown for estimated yearly expenditures is given in table 3.
[b] Subregional programmes submitted separately to the Executive Board.

Country programme preparation process

10. The preparation of the PRS was the effective beginning of the UNICEF country programming process. The situation analysis, which complements the Common Country Assessment (CCA), helped to identify priorities for action. The MTR identified the lessons learned and comparative advantages of UNICEF. At a strategy workshop in November 2001, the Government, United Nations agencies, donors, non-governmental organizations (NGOs) and UNICEF staff from the country and regional office defined the goals, objectives and strategies for the new programme. The results of programme planning sessions were presented to a preview meeting organized by the Ministry of Finance in April 2002 with the UNICEF Regional Director, the country office and senior government authorities. The preview meeting also considered the comments made by members of the Executive Board on the country note. The national authorities endorsed the programme, the participatory nature of the programming process and the partnership, which they defined as "a pact between UNICEF, the Government and civil society for the benefit of Bolivian children". The new programme was also shared with the international cooperation agencies, which have signalled their endorsement.

Country programme goals and objectives

11. The long-term goal of UNICEF is to help Bolivian society create a culture that promotes, protects and fulfils children's and women's rights. The objectives of the country programme are to: (a) help to ensure a good start in life for children and help them develop their full potential, paying special attention to adolescents and to marginal areas and groups, through gender-sensitive actions in health, education, protection and participation; and (b) contribute to improving the quality of life and social inclusion of poor Andean and Amazon communities.

12. The new country programme has four programmes that will be implemented nationally and in about 50 indigenous Andean and Amazon municipalities. The objectives of each programme will be quantified as more specific roles are defined within the national programme of action which the Government is committed to preparing in the aftermath of the General Assembly Special Session on Children. Regular resources will cover core activities including technical support, limited pilot interventions and emergency response, if required. Other resources will permit full coverage of intended target areas and expansion of proven interventions.

Relation to national and international priorities

13. The country programme is guided by national priorities emanating from Bolivia's ratification of the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women, International Labour Organization (ILO) Convention 169 on the rights of indigenous peoples, and other international commitments including the Millennium Development Goals, the Plan of Action for Children and Adolescents of the Ibero-American Summit of October 2001 and "A World Fit for Children". The United Nations Development Assistance Framework (UNDAF) has recently been concluded and the programme cycles of the various funds and programmes have been harmonized.

14. The country programme was developed in the context of the PRS, UNDAF and the New Partnership Framework (Nuevo Marco de Relacionamiento) agreed to by the Government and its development partners in order to foster coordination, concentration and specialization of external assistance. The country programme is based on policies advocated by UNICEF, including the national Code for Children and Adolescents and at the subnational level, the Organic Law on Municipalities, the Law on Popular Participation and the Law on National Dialogue, all of which regulate the ongoing decentralization process and allocation of fiscal and debt alleviation resources. The organizational priorities of the UNICEF medium-term strategic plan (MTSP) are included in the new programme, as is the additional regional priority of disparity reduction.

Programme strategy

15. The programme strategy remains as described in the country note. However, comments made by members of the Executive Board on the country note have been taken into account and a clearer articulation of strategic principles developed. The programme's rights-based approach is based on government ownership and widespread involvement of civil society. The strategic role of UNICEF will be to advocate with the Government and society on behalf of children, help design social policies that reduce disparities and inequities, strengthen institutional capacities and pilot models of sustainable local development through capacity-building and empowerment of communities and families.

16. As Bolivia improves its institutional capacities and increases social investment, the role of UNICEF will change progressively from that of direct implementer of projects to one of specialized partner in the design and implementation of social policies benefiting children and women. Direct support to service delivery will diminish gradually in favour of advocacy, capacity-building and technical assistance. The knowledge and expertise of UNICEF in child rights issues and its intangible assets and moral capital as an advocate for children, will add more value than provision of supplies or financing of recurrent costs.

17. In view of the sharper definition of roles brought about by the New Partnership Framework, a careful analysis of the comparative advantages of UNICEF guided both programme planning and resource allocation. Having UNICEF leverage existing resources from the national budget or from external assistance towards investment in children will have greater impact on their well-being than implementing projects as if UNICEF were a traditional NGO. Using the communication capacity of UNICEF to promote behavioural change related to child-rearing and life-skills development in young people will, in the medium-term, have a stronger impact than would playing a subsidiary role in the provision of basic services.

18. However, the involvement of UNICEF in addressing such emerging problems as HIV/AIDS, child abuse, trafficking and exploitation, child labour, protection of children with special needs and the participation of young people might still entail not only in advocacy and capacity-building, but also direct interventions. In these areas, UNICEF will focus on developing pilot projects and innovative models both to solve pressing needs immediately and to accumulate experience of successful models to feed into public policies and be brought to scale.

19. At the subnational level, where local capacities are still underdeveloped but financial resources are available, UNICEF will focus on capacity-building, participatory community planning and empowerment of women and families. UNICEF will offer technical support and financing to orient local development budgets towards basic social services, including integrated early childhood development (IECD) and water and sanitation. Such interventions as community microcredit banks, aimed at poverty alleviation and community empowerment, will be directed towards marginalized Amazonian indigenous groups and farmers of the Andean high plateau. Attention to the urban poor will focus on children in need of special protection and on the participation and expression of young people and adolescents.

20. Despite progress in recent years, Bolivian women still suffer discrimination and exclusion, especially if they are poor and/or indigenous. While promoting gender equality at all levels, the country programme will focus on girls and young women, introducing the concept of positive discrimination. The programme will prioritize girls and women in terms of capacity-building, training and non-formal education; foster women's participation in municipal and community committees and decision-making bodies; make girls' education the main thrust of the education for all programme; stress the fight against domestic violence and highlight sexual abuse, exploitation and trafficking of girls; and collect gender-disaggregated data to monitor progress and provide tools for advocacy and targeting.

21. The **health and nutrition** programme will contribute to: (a) reducing neonatal, infant and under-five mortality and morbidity by ensuring that all children have access to full immunization; (b) improving the integrated management of childhood illnesses (IMCI), including malaria and HIV/AIDS; (c) reducing child malnutrition, low birth weight, nutritional anaemia and vitamin A deficiency; (d) re-establishing universal consumption of iodized salt; and (e) promoting healthy practices and behavioural change in adolescents, youth and families, including HIV/AIDS prevention. The programme will have three project areas: (a) child and adolescent health; (b) nutrition and micronutrients; and (c) health and nutrition promotion.

22 Within the framework of the national Health Reform and in collaboration with key partners, including PAHO/WHO, the United Nations Population Fund (UNFPA), the Canadian International Development Agency, the Department for International Development (United Kingdom) and USAID, UNICEF will assist the Ministry of Health in expanding coverage and improving the quality of the Basic Health Insurance scheme. UNICEF will focus on safe pregnancies and deliveries, care of new-borns and IMCI, including acute respiratory infections, diarrhoeal diseases, malaria and mother-to-child transmission of HIV/AIDS. In order to overcome cultural barriers that still limit utilization of services, the programme will promote cultural adaptation to local habits and beliefs and appropriate reception practices in rural hospitals and health centres. The primary role of UNICEF in the well-developed national expanded programme on immunization (EPI) will be to advocate government investment in immunization services and vaccines while providing sustained social communication support and assistance to municipalities with low coverage rates.

23. At the subnational level, the programme will promote increased municipal investment in health and nutrition while improving planning and management capacities for proper implementation of national policies. Priority will be given to

municipalities covered by the integrated local development programme where community models for IMCI will be developed and documented, using the multisectoral approach of the local programme. In coordination with the education programme, the IECD concept will be promoted among families, communities and local administrations.

24. In the rather neglected area of school and adolescent health, the programme will promote schoolchildren's access to free preventive and curative health care, sanitation and hygiene education, using pilot projects in selected urban and rural settings to validate sustainable models for wider replication. Among adolescents, reproductive health and prevention of sexually transmitted diseases, including HIV/AIDS, will be addressed in close collaboration with UNFPA.

25. In the area of nutrition, the programme will focus mainly on children under two years of age, pregnant women and micronutrient deficiencies. In terms of policy, UNICEF and such partners as PAHO/WHO, the World Food Programme (WFP) and the World Bank will research and promote better understanding of nutritional problems and more rational and targeted use of resources. In terms of strategy, the programme will combine social communication to improve caring and feeding practices in the family; service-based interventions to ensure full coverage of iron and vitamin A supplementation; community-based growth monitoring and promotion; and involvement of the private sector to strengthen and expand food fortification. Particular attention will be paid to the salt iodization sector, to improve production and restore proper quality-control mechanisms.

26. Health promotion activities will target families, parents and young people through mass media and interpersonal social communication. Innovative techniques for communication for behavioural change that are gender-sensitive and culturally adapted will be used to improve family caring and feeding practices for young children and pregnant women, and to promote healthy behaviours among adults, adolescents and young people, focusing on HIV/AIDS prevention in particular. Audio-visual educational materials will be based on Facts for Life, which will be culturally adapted and widely distributed. UNICEF will also support the inclusion of interpersonal health education techniques in the curriculum of training schools for nurses and auxiliary nurses. At the community level, health and nutrition promotion will be linked to community IMCI activities.

27. The **education for all** programme will contribute to: (a) increased access of children under four years of age to ECD services, supporting the design and implementation of policies at national and local levels; (b) improving the quality of basic education and increasing school retention and completion, emphasizing girls' education and intercultural bilingual education; (c) increasing access of adolescents, young people and women to alternative education programmes and opportunities for expression, participation and recreation, with a focus on children with disabilities and special needs; and (d) increasing participation of families and communities in the education and development of their children.

28. The programme will operate in the context of a well-designed educational reform which, under the leadership of the Ministry of Education, has made major advances in curriculum design, administrative improvements, teacher training, and intercultural and bilingual inclusiveness. Adequate funding is ensured by a multi-year World Bank loan. Additionally, the Governments of Germany, the Netherlands and Sweden provide strong financial and technical support. The comparative

advantages of each partner have been carefully assessed and, in the light of comments made by members of the Executive Board on the country note, the UNICEF role has been made more specific and more thoroughly coordinated. Because institutional capacity in primary education, which has received the highest priority in recent years, is considered to be fully developed, IECD, pre-school education and special and alternative education will be the focus of three projects.

29. The IECD project, building on the lessons learned from 1998-2002 in which progress was slower than anticipated, will advocate increased investment in IECD. Advocacy will stress the proven cost-effectiveness of IECD in generating strong educational and health benefits throughout the child's life. The project will be linked with the health sector to ensure proper coordination with nutrition, early detection of disabilities, child care and hygiene education. It will work closely with the integrated local development programme, which prioritizes IECD. At the national level, the project will support policy development, resource mobilization and the design of norms, guidelines, training plans and educational materials, and will promote interministerial and inter-agency coordination. In the areas targeted by the local development programme, it will assist in piloting sustainable and replicable models, including community- and family-based methods. It will seek to leverage municipal resources and create alliances with interested partners, such as the World Bank and WFP.

30. In the framework of the education reform, the basic education project will address problems related to educational quality, exclusion, school drop-outs, poor learning achievement, poor parental participation and violence in school. At the national level, UNICEF will assist the Ministry of Education in its endeavour to foster a positive social demand for intercultural and bilingual education through media campaigns, education fairs, dissemination of information materials and training of school councils. By the same means, the programme will address the issue of violence and mistreatment, both child-to-child and teacher-to-child. In order to diminish exclusion, a specific line of action will focus on basic education for children with special needs and disabilities, through provision of technical assistance for adapting curricula, training of teachers and production of classroom materials and tools. UNICEF will advocate expansion of pre-school education for children aged 4 to 6 years, to help the Government to adapt current policies and mobilize resources to bring pre-school education to scale. Within the local development target municipalities, UNICEF will support innovations and pilot projects to implement those policies, focusing on enhancing parental participation, fostering local investment in school improvement, creating opportunities for child participation and promoting girls' education and re-entry of drop-outs.

31. The alternative education project will serve groups that have dropped out of the formal system or have never entered, and are at risk of remaining trapped in poverty due to their non-inclusion in the formal system, especially working children and adolescents, young mothers and rural women. National, departmental, and municipal actions will be based on resource levels that will permit them to go to scale if proven successful. In collaboration with interested partners, including the Netherlands development cooperation and SIDA, the project will work closely with the Vice-Ministry of Alternative Education to strengthen its normative role and its capacities to develop appropriate strategies and to manage and monitor alternative education programmes. UNICEF will provide assistance for curriculum adaptation and development of teaching materials, including using the bilingual methodology.

Given the current resource framework, municipal and community involvement is essential for implementation of literacy and other alternative education programmes. Within the prioritized locations, UNICEF will support local initiatives, aiming to respond to local needs and to learn lessons and bring successful experiences to the attention of policymakers. Due consideration will be paid to developing out-of-school activities that offer positive 'spaces' for expression and participation, and promoting social interaction between children in the formal and alternative systems.

32. The **protection and participation of children and adolescents** will contribute to: (a) promoting and supporting the design of legal and institutional reforms needed to ensure the full and effective enforcement of the Code for Children and Adolescents; (b) reducing the incidence of child labour, exploitation, violence, abuse and exclusion, by increasing the coverage and quality of institutional programmes and community initiatives for children in need of special protection; (c) developing mechanisms and opportunities for participation, recreation and expression of adolescents and young people; and (d) achieving universal birth registration.

33. The programme will work in urban and rural areas using three strategies: (a) advocacy and technical assistance to improve public policies, laws and norms; (b) support to national and local programmes aiding children in need of special protection; and (c) promotion of child and youth participation in society. Partners will include ILO, international and national NGOs and public officials including the judiciary and the municipal child defence centres.

34. The legal reforms and institutional strengthening project will assist in drafting laws and norms to put existing national policies into action, including the Code for Children and Adolescents and the National Plan for the Progressive Eradication of Child Labour. Technical assistance to the Legislature will give priority to gender-sensitive legislation on child trafficking, sexual abuse and exploitation, domestic violence and child labour. Support for enforcement will include training of judges, the police, labour inspectors and civil servants in charge of social welfare and child defence services. The Municipal Child Defence Centres will be expanded to 90 per cent of municipalities and will have access to training and support materials related to the most severe local protection issues. The initial steps taken by the Government to ensure universal access to birth registration will be expanded and consolidated, in order to ensure not only free birth certificates to new-borns but also to the over 500,000 children currently lacking them.

35. The special protection project will address children and adolescents affected by exploitation and abuse, children living in the streets, children in conflict with the law, orphans and the disabled. The first strategy is to develop public policies and norms, including building a base of gender-disaggregated data and studies to make the problems visible to policy makers and society. The second strategy is prevention, rehabilitation and care. Major activities will include social communication to induce behavioural change to reduce violence and discrimination; life-skills education to promote protective attitudes and practices; health care, school re-entry and alternative education services; scholarships for working children and other interventions addressing the worst forms of child labour; and services for victims of violence. The third strategy addresses institutionalized children including orphans, abandoned, and incarcerated children. The primary goal is family re-integration if possible, including support services to help families cope with special needs. The

quality of life within institutions being a concern, the programme will help to develop minimum quality standards and control mechanisms with special emphasis on access to education.

36. The child and adolescent participation project will help children and young people obtain greater knowledge of their rights, share their opinions with society at large, practice democratic behaviour in youth-oriented organizations, and gain access to "youth-friendly" reproductive health information. The family, schools and existing community and youth-managed organizations will be the main settings as they provide social 'spaces' to work directly with youth. The project will also pilot such new venues as youth and adolescent social centres, and activities with cultural and sporting groups with great influence among youth. The Bolivian Alliance for Children and Adolescents and the Youth Parliament will also expand.

37. The **integrated local development** programme will operate in 50 Andean and Amazon municipalities, selected according to their poverty level and prevalence of indigenous population. It combines the Bolivian components of the Proandes and Amazon multi-country programmes that will be separately presented to Executive Board at its second regular session of 2002 (E/IECF/2002/P/L.28 and E/ICEF/2002/P/L.29) and is fully integrated into the country programme. It aims to: (a) improve the basic health and nutrition status of all women and children under five years of age in the 50 municipalities; (b) improve environmental protection and access to water and sanitation services in 36 municipalities; (c) provide IECD in formal and informal settings to children aged 0-4 years, targeting 60 per cent of children in the Andean zone and 25 per cent in the Amazon zone; (d) attain 90-per-cent primary school completion, including intercultural and bilingual instruction where needed; (e) achieve 100-per-cent birth registration; (f) help 65,000 out-of-school, young, rural indigenous women to become literate through alternative education activities; (g) pilot or increase child protection activities on a wide scale; (h) articulate in participatory ways the demands of children and women for better services and programs to lift them out of poverty; and (i) increase the capacities of municipal and community organizations to ensure sustainability. This ambitious agenda builds on the successes of the first phase of the two programmes, including the extensive human infrastructure and proven intervention models.

38. In the past, donors including SIDA and the Netherlands and Spanish Committees for UNICEF provided sustained financial support, which is expected to continue and expand to include other bilateral donors and National Committees. Technical partnerships will be sought with the partners supporting the other components of the country programme. In addition, the competencies of UNICEF in Bolivia in health, nutrition, education and child protection and participation will converge in technical support to the local development programme, making its areas of intervention an ideal ground for integration of the sectoral approaches of the other programmes. In turn, such specific competencies of the local programme as water and sanitation, environmental protection, municipal strengthening and empowerment of indigenous groups will contribute to the strategic approach of the overall country programme.

Cross-sectoral costs, monitoring and evaluation

39. This component, charged entirely to regular resources, is intended to cover programme implementation costs that are not attributable to individual programmes but are clearly linked to programme delivery. It also includes the monitoring and evaluation components of the country programme, with the cross-sectoral costs using about 75 per cent of the funds and the monitoring and evaluation component about 25 per cent.

40. Monitoring and evaluation is both a country programme component and a managerial function. As a programme component, it will assist the Government in monitoring international agreements and conventions including the Millennium Development Goals and the Convention on the Rights of the Child, and in measuring achievements of national goals. In partnership with other agencies and donors, UNICEF will continue to support the National Institute of Statistics and other institutions in carrying out a MICS and other socio-economic surveys. The fourth national Demographic and Health Survey planned for early 2003 will provide a baseline at the beginning of the new country programme. Sector-specific assistance will support key national information systems, with particular attention paid to HIV/AIDS, girls' education, child protection and other MTSP priorities. Data from these sources will feed the ongoing situation analysis and CCA. Key indicators to measure the overall impact of the country programme will be mortality and malnutrition rates; HIV prevalence; immunization and ECD coverage rates; and school enrolment, retention and completion rates. Other indicators include the level of application of laws and norms linked to the Code for Children and Adolescents, the incidence of child labour, the number of children requiring special protection measures and the level of participation of children and adolescents.

41. As a managerial function, the integrated monitoring and evaluation plan (IMEP) will facilitate monitoring of the country programme's achievements and internal management. All programmes will have a specific monitoring and evaluation plan within the overall five-year IMEP. Capacity-building in local data collection and analysis will be part of municipal support of the local development programme. The knowledge, attitudes and practices of communities and families will be monitored in connection with social communication activities. Among the major evaluations and studies planned for 2003-2007 are the nutritional impact of the local development programme and the performance of the Municipal Child Defence Centres. Field visits by all programme staff will be important for monitoring and for the annual reviews with government and partners. The MTR is scheduled for 2005. Evaluations of the quality of programme implementation will be performed prior to the MTR and at the end of the cooperation cycle.

Collaboration with partners

42. The leading role taken by the Government in the preparation of the country programme ensures consistency with the PRS, which is the programmatic basis of most development partnerships in Bolivia. Government ownership and leadership are basic principles agreed upon in the Consultative Group, and have concrete expression in the New Partnership Framework.

43. The coalition of partnerships is already well developed in the health and education sectors. Alliance-building is sometimes required on such specific issues as ECD, but the sectors are well integrated and well led by the Government, with multilateral and bilateral donors constituting the other main partners. In the protection sector, a more decisive leadership role is expected of UNICEF. There is a much less defined structure, with a corresponding need to build alliances and integrated actions with the many national and international NGOs working in this area, including Save the Children, World Vision International and Defence for Children International.

44. In the spirit of the Global Movement for Children, UNICEF will continue to support the Bolivian Alliance for Children and Adolescents, seeking to expand its constituency, which currently includes more than 20 organizations. Collaborating with NGOs and youth organizations, every effort will be made to make the voice of children louder in order to bring their opinions to the attention of decision-makers, political leaders and society in general. To this end, further strengthening of partnerships with social communication networks and mass media is of paramount importance, as well as appropriate use of information technology, including the Internet. NGOs and youth, community-based and ethnic organizations will be important partners for project activities, especially at municipal level and within the local development programme.

45. The country programme, which is largely dependent on donor contributions, will rely on ongoing partnerships in the framework of bilateral agreements with the Government, and on multilateral agreements covering thematic areas or multi-country programmes. New funding partnerships will be actively sought with interested donors, including National Committees for UNICEF.

Programme management

46. Under the overall coordination of the Vice-Ministry of Public Investment and External Financing of the Ministry of Finance, the country programme will be implemented with the Ministries of Health, Education, Sustainable Development, Indigenous Affairs, Labour, Justice, and the Vice-Ministries of Gender, Generation and Family, and of Popular Participation. Programme-specific committees will draw on participating ministries, external partners and implementers. Government and multi-partner theme groups function at the national level to coordinate actions and find programme synergies, including the social exclusion working group, the gender working group, the EPI Committee and the HIV/AIDS theme group.

47. At the subnational level, UNICEF inputs will be executed mainly through the technical departments of relevant ministries. However, oversight of and participation in programme activities will also include civil society and community groups. Given the high number of municipal activities and the location of the target municipalities in zones distant from La Paz, UNICEF will continue to operate a sub-office in Cochabamba.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Bolivia	(2000 and earlier years)		UNICEF country classification
Under-five mortality rate	80	(2000)	High U5MR
Infant mortality rate	62	(2000)	Middle IMR
GNI per capita	$ 1000	(2000)	Lower Middle GNI
Total population	8.3 Million	(2000)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	193	210	239	266
Infant deaths (under 1)	(thousands)	28	24	21	16
(per 1,000 live births)					
Under-five deaths	(thousands)	47	36	29	21
Under-five mortality rate		243	170	122	80
(per 1,000 live births)					
Infant mortality rate (under 1)		144	112	87	62
(per 1,000 live births)					

		About 1990	Most recent
Underweight children (under 5)	Moderate & severe	13**	10*
(% weight for age, 1989/1998)	Severe	3**	2*
Babies with low birth weight (%, 1998)		..	8
Primary school children reaching grade 5 (%, 1989/1998)		61	47

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1989/1998)	59	61
Timely complementary feeding rate (6-9 mos.) (%, 1989/1998)	57	80
Continued breast-feeding rate (20-23 mos.) (%, 1989/1998)	30	32
Prevalence of wasting (0-59 mos.) (%, 1989/1998)	2**	2*
Prevalence of stunting (0-59 mos.) (%, 1989/1998)	38**	26*
Vitamin A supplementation coverage (6-59 mons.) (%, 1999)	..	85
Household consuming iodized salt (%, 1994/2000)	81	63

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 2000)		..	40
Routine EPI vaccines financed by government (%, 2000)		..	80
Use of improved drinking water sources	Total	71	83
(% of population, 1990/1999)	Urban/rural	91/47	95/64
Use of improved sanitation facilities	Total	52	70
(% of population, 1990/1999)	Urban/rural	73/26	86/42
Births attended by skilled personnel (%, 1989/1998)		38	59
Maternal mortality rate (per 100,000 live births, 1989-94)		..	390
Antenatal care coverage (%, 1989/1998)		46	69
Adult HIV prevalence rate (%, 1999)		..	0.10

Immunization		1981	1985	1990	1995	2000
One-year old (%) immunized against:	Tuberculosis	30	24	65	86	95
	DPT	13	33	41	64	80
	Polio	15	30	50	64	78
	Measles	17	21	53	58	79
Pregnant women (%) immunized against:	Tetanus	..	..	..	..	..

*Aged 3-35 months.
**Aged 3-36 months.

TABLE 1 (continued)

Bolivia

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net)	Total	95/91	../87 b/
(%, 1990/2000)	Male	99/95	../88 b/
	Female	90/87	../87 b/
Secondary enrolment ratio (gross/net)	Total	37/29	../..
(%, 1990)	Male	40/32	../..
	Female	34/27	../..
Adult literacy rate, 15 years & older	Total	78	86
(%, 1990/2000)	Male/Female	87/70	92/79
Radio/television sets		666/111	675/116
(per 1,000 population, 1990/1997)			

DEMOGRAPHIC INDICATORS		1970	1980	1990	2000	2010
Total population	(thousands)	4212	5355	6573	8329	10229
Population aged 0-18 years	(thousands)	2078	2624	3154	3830	4348
Population aged 0-5 years	(thousands)	717	866	1018	1211	1280
Urban population (% of total)		40.8	45.5	55.6	62.5	67.8
Life expectancy at birth	Total	46	52	58	62	66
(years)	Male	44	50	56	61	65
	Female	48	54	60	64	69
Total fertility rate		6.5	5.6	4.9	4.1	3.3
Crude birth rate (per 1,000 population)		46	39	36	32	26
Crude death rate (per 1,000 population)		20	15	11	9	7

		About 1990	Most recent
Contraceptive prevalence rate		30	48
(%, 1989/1998)			
Population annual growth rate	Total	2.2	2.4
(%, 1970-90/1990-99)	Urban	3.8	3.5

ECONOMIC INDICATORS		About 1990	Most recent
GDP per capita annual growth rate		-0.1	1.6
(%, 1960-90/1990-2000)			
Inflation rate (%, 1985-92/1990-2000)		26	9
Population below $1 a day (%, 1997)		..	29
Household income share	Top 20%/bottom 40%	48/15	62/8
(%, 1990/1997)			
Government expenditure	Health/education	2/18	4/20
(% of total expenditure, 1990/1999)	Defense	14	8
Household expenditure	Health/education	../..	../..
(% share of total)			
Official development assistance:	$US millions	526	569
(1990/1999)	As % of GNI	8	7
Debt service			
(% of goods and services exports (1990/1999)		31	25

b/Survey data.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1998 - 2002 a/

COUNTRY: BOLIVIA
LATEST BOARD APPROVAL: 1997
REGULAR RESOURCES: $ 4,880,000

(In thousands of United States dollars)

Programme Sectors/Areas	TOTAL					
	Regular resources b/		Other resources		Total (RR & OR)	
	Actual	Planned c/	Actual	Planned c/	Actual	Planned c/
Public policies for children and women	1,516	1,649	1,382	3,000	2,898	4,649
Municipal and family development	926	710	12,132	37,000	13,058	37,710
Cross-sectoral costs	2,333	2,321	82	0	2,415	2,321
PROANDES	197	200	9,676	15,000	9,873	15,200
AMAZONAS			2,074	3,200	2,074	3,200
GRAND TOTAL	**4,972**	**4,880**	**25,346**	**58,200**	**30,318**	**63,080**

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 31 May 2002.
b/ = Actual RR expenditure includes allocations from global set-aside.
c/ = Includes $15,000,000 (E/ICEF/1997/P/L.24) from PROANDES programme and $3,200,000 (E/ICEF/1996/P/L.70) from Amazon programme.

REGION : 61
OFFICE : 082 BOLIVIA (2003-2007)
D.S.U. : 00

TABLE 3
PLANNED YEARLY EXPENDITURES

(o:db13)

Date:05-Jul-02 Page: 1

PRG# DESCRIPTION	FUND	2003	2004	2005	2006	2007	TOTAL
YH111 HEALTH AND NUTRITION	RR	284,000	250,000	230,000	230,000	230,000	1,224,000
	OR	1,600,000	2,200,000	2,200,000	2,000,000	2,000,000	10,000,000
	TOTAL	1,884,000	2,450,000	2,430,000	2,230,000	2,230,000	11,224,000
YE112 EDUCATION FOR ALL	RR	200,000	200,000	200,000	200,000	200,000	1,000,000
	OR	1,600,000	2,000,000	2,000,000	1,500,000	1,400,000	8,500,000
	TOTAL	1,800,000	2,200,000	2,200,000	1,700,000	1,600,000	9,500,000
YS113 PROTECTION & PARTICIPATION OF CHILD	RR	200,000	200,000	200,000	200,000	200,000	1,000,000
	OR	1,000,000	1,200,000	1,400,000	1,700,000	1,700,000	7,000,000
	TOTAL	1,200,000	1,400,000	1,600,000	1,900,000	1,900,000	8,000,000
YP115 CROSS SECTORAL COSTS, MONITORING &	RR	410,000	445,000	465,000	465,000	465,000	2,250,000
	OR						
	TOTAL	410,000	445,000	465,000	465,000	465,000	2,250,000
TOTAL PROGRAMME BUDGET	RR	1,094,000	1,095,000	1,095,000	1,095,000	1,095,000	5,474,000
	OR	4,200,000	5,400,000	5,600,000	5,200,000	5,100,000	25,500,000
	TOTAL	5,294,000	6,495,000	6,695,000	6,295,000	6,195,000	30,974,000
TOTAL SUPPORT BUDGET		1,155,484	1,170,871	1,205,183	1,220,966	1,261,487	6,013,991
TOTAL BUDGETS		6,449,484	7,665,871	7,900,183	7,515,966	7,456,487	36,987,991

TABLE 4
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : BOLIVIA
PROGRAMME: 2003-2007

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
			0	0	0	0	0	0	0	0	0	1	1	0	156,268	156,268
HEALTH AND NUTRITION	1,224,000		1,224,000	0	0	0	1	0	0	1	0	0	1	741,319	0	741,319
EDUCATION FOR ALL	1,000,000		1,000,000	0	0	0	1	0	0	1	0	0	1	700,913	0	700,913
PROTECTION & PARTICIPATION /1	1,000,000		1,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS, /2	2,250,000		2,250,000	0	0	0	0	0	0	0	3	5	8	169,194	1,365,332	1,534,526
TOTAL RR	5,474,000		5,474,000	0	0	0	2	0	0	2	3	6	11	1,611,426	1,521,600	3,133,026
OTHER RESOURCES :																
HEALTH AND NUTRITION		10,000,000	10,000,000	0	0	0	0	0	0	0	1	1	2	0	563,002	563,002
EDUCATION FOR ALL		8,500,000	8,500,000	0	0	0	0	0	0	0	1	1	2	0	406,656	406,656
PROTECTION & PARTICIPATION /1		7,000,000	7,000,000	0	0	0	0	1	0	1	1	1	3	487,256	563,002	1,050,258
TOTAL OR		25,500,000	25,500,000	0	0	0	0	1	0	1	3	3	7	487,256	1,532,660	2,019,916
TOTAL RR & OR	5,474,000	25,500,000	30,974,000	0	0	0	2	1	0	3	6	9	18	2,098,682	3,054,260	5,152,942
SUPPORT BUDGET	Operating costs		1,357,075													
	Staffing			0	0	1	2	1	0	4	2	7	13	2,940,685	1,716,231	4,656,916
GRAND TOTAL (RR + OR + SB)				0	0	1	4	2	0	7	8	16	31	5,039,367	4,770,491	9,809,858
Number of posts and staff costs:																
Current programme cycle										7	7	21	35			
At the end of proposed programme cycle (indicative only)										7	8	16	31	5,039,367	4,770,491	9,809,858

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

/1 PROTECTION AND PARTICIPATION OF CHILDREN AND ADOLESCENTS

/2 CROSS-SECTORAL COSTS, MONITORING AND EVALUATION